

2135

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
County of <u>Yuma</u>	State Index No. <u>1252</u>	Co. Registrar's No. <u>401</u>	
District of _____	Local Registrar's No. _____		
Town of <u>Miami</u>	City of _____ (No. _____ St. _____ Ward _____)		
FULL NAME OF CHILD <u>Vincent Albert Kempton</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>2</u>
Legitimate? <u>X</u>	Date of Birth <u>July 4</u>	Month	Day
Full Name FATHER <u>Arthur Kempton</u>		Full Maiden Name MOTHER <u>Mildred Mathews</u>	
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>Wh</u>	Age at last Birthday <u>24</u>	Color or Race <u>Wh</u>	Age at last Birthday <u>22</u>
Birthplace <u>Arizona</u>		Birthplace <u>Arizona</u>	
Occupation <u>Miner</u>		Occupation <u>X</u>	
Number of child of this Mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 4 1912 at 5:45 M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Charles E. Smith
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 1912

Address Miami

Filed 7/15/20 19120 W. H. Slaughter LOCAL REGISTRAR.

Filed 7-20 19120 B. G. Smith COUNTY REGISTRAR.

525-704-442
COUNTY REGISTRAR.